

<i>SERFF Tracking Number:</i>	<i>METD-127725873</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New England Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50073</i>
<i>Company Tracking Number:</i>	<i>NFND-4-12 NEF</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>2012 VL supplement filing (NEF)</i>		
<i>Project Name/Number:</i>	<i>2012 VL supplement filing (NEF)/NFND-4-12</i>		

Filing at a Glance

Company: New England Life Insurance Company

Product Name: 2012 VL supplement filing (NEF) SERFF Tr Num: METD-127725873 State: Arkansas

TOI: L06I Individual Life - Variable SERFF Status: Closed-Approved-Closed State Tr Num: 50073

Sub-TOI: L06I.002 Single Life - Flexible Premium Co Tr Num: NFND-4-12 NEF State Status: Approved-Closed

Filing Type: Form	Authors: Karen Poor, Diane Palermo, Dale Bihlmeyer	Reviewer(s): Linda Bird
	Date Submitted: 10/20/2011	Disposition Date: 10/27/2011
		Disposition Status: Approved-Closed

Implementation Date Requested: On Approval	Implementation Date:
State Filing Description:	

General Information

Project Name: 2012 VL supplement filing (NEF)
 Project Number: NFND-4-12
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 10/27/2011
 State Status Changed: 10/27/2011
 Created By: Dale Bihlmeyer
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Dale Bihlmeyer
 Filing Description:
 RE: New England Life Insurance Company
 NAIC # 241-91626 FEIN # 04-2708937
 Individual Variable Life Application Filing
 Form: NFND-4-12 Variable Life Supplement
 New Submission
 State of Domicile: Massachusetts

SERFF Tracking Number: METD-127725873 State: Arkansas
Filing Company: New England Life Insurance Company State Tracking Number: 50073
Company Tracking Number: NFND-4-12 NEF
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: 2012 VL supplement filing (NEF)
Project Name/Number: 2012 VL supplement filing (NEF)/NFND-4-12

Dear Sir or Madam:

Enclosed is the above referenced form that is being filed on behalf of New England Life Insurance Company.

The above supplemental application form is enclosed for your review and approval. This is a new form that will not replace any existing form. This form will be implemented once the computer data collection system is available. This form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing.

Variable Life Supplement, form NFND-4-12 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. We have bracketed the funds to provide flexibility in updating the list of funds without refiling. Since this form will be used with a security subject to federal jurisdiction, it is exempt from readability requirements.

We look forward to receiving your approval of this form. Thank you for your attention to this filing and if you have any questions or need further information, please contact me at the number or e-mail address below.

Sincerely,

Karen L. Poor

Enclosures: Compliance Certification; Statement of Variability

Company and Contact

Filing Contact Information

Karen Poor, Senior Contract Consultant KPoor@metlife.com
501 Boylston Street 617-578-4730 [Phone]
Boston, MA 02116 617-578-5505 [FAX]

Filing Company Information

New England Life Insurance Company	CoCode: 91626	State of Domicile: Massachusetts
501 Boylston Street	Group Code: 241	Company Type: Life
Boston, MA 02116	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 04-2708937	

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TOI: *L06I Individual Life - Variable* *Sub-TOI:* *L06I.002 Single Life - Flexible Premium*
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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: Massachusetts requires a \$75.00 fee, therefore we are submitting \$75.00 since this is greater than the Arkansas fee.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New England Life Insurance Company	\$75.00	10/20/2011	53028938

<i>SERFF Tracking Number:</i>	<i>METD-127725873</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/27/2011	10/27/2011

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Disposition

Disposition Date: 10/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Compliance Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	VL Supplemental Application		Yes

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Form Schedule

Lead Form Number: NFND-4-12

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NFND-4-12	Application/ VL Supplemental Enrollment Application Form	Initial		0.000	NFND-4-12.pdf

Variable Life Supplement

New England Life Insurance Company

This supplement will be attached to and become part of the application with which it is used.

SECTION I - Important Information for the Owner**⚠ Please Read Carefully.**

Variable Life Insurance is generally not appropriate for time horizons of less than 10 years. These products are long-term investments that may have significant short-term surrender charges. Variable Life Insurance is designed to provide death benefit protection while offering the potential for long-term cash accumulation and may not be appropriate in situations where significant liquidation of assets in the near future is expected.

The death benefit may be variable or fixed under specified conditions.

The cash value may increase or decrease, even to the extent of being reduced to zero, in accordance with separate account investment experience.

The cost of insurance rates for this policy may change. The rates currently being charged are not guaranteed, and the Company may charge the full maximum guaranteed rates.

Illustrations of benefits, including death benefits and cash values, are available upon request.

SECTION II - Owner's Information

OWNER: ☐ Proposed Insured ☐ Other Individual

OTHER INDIVIDUAL INFORMATION ONLY:

First Name	Middle Name	Last Name
<hr/>		
Primary Phone Number		
<hr/>		
Occupation	Name of Employer	
<hr/>		<hr/>
Employer City	State	Zip
<hr/>	<hr/>	<hr/>
Position/Duties		
<hr/>		

Is the Owner or a member of the Owner's household employed by or associated with a Broker-Dealer, other firm within the securities industry, or a financial regulatory agency?

☐ Yes ☐ No

PRIOR INVESTMENT EXPERIENCE: (Choose **ALL** that apply and indicate your years of experience.)

<input type="checkbox"/> Certificate of Deposit _____ years	<input type="checkbox"/> Stocks _____ years	<input type="checkbox"/> Mutual Funds _____ years	<input type="checkbox"/> Money Markets _____ years
<input type="checkbox"/> Bonds _____ years	<input type="checkbox"/> Other _____ years	If Other, specify: _____	



SECTION III - Investment Objective and Risk Tolerance

Have you completed the Asset Allocation Questionnaire? ☐ Yes ☐ No If **YES**, please submit with Application for Life Insurance.

Choose one **Investment Objective** below (a, b, c, d, or e).

Then choose one **Risk Tolerance** for that specific Investment Objective.

Be sure it supports the Investment Objective and your Risk Tolerance for this policy.

a. ☐ **Capital Preservation:** Seeks income and stability with minimal risk.

Risk Tolerance: ☐ Conservative ☐ Conservative to Moderate

b. ☐ **Income:** Seeks current income over time.

Risk Tolerance: ☐ Conservative ☐ Conservative to Moderate ☐ Moderate

c. ☐ **Growth & Income:** Seeks capital appreciation over long term combined with current dividend income.

Risk Tolerance: ☐ Conservative to Moderate ☐ Moderate ☐ Moderate to Aggressive

d. ☐ **Growth:** Seeks capital appreciation over long term.

Risk Tolerance: ☐ Moderate ☐ Moderate to Aggressive ☐ Aggressive

e. ☐ **Aggressive Growth:** Seeks maximum capital appreciation over time by investing in speculative and/or higher risk securities.

Risk Tolerance: ☐ Moderate to Aggressive ☐ Aggressive

SECTION IV - Optional Automated Investment Strategies

You may select **ONLY ONE** of the following, if feature is available on product you are applying for. If you are **NOT** electing any **Automated Investment Strategies**, please proceed to **Section V - Investment Allocation**.

☐ Dollar Cost Averaging

Automatically transfers a set amount of money from any funding option ("source fund") EXCEPT for the Fixed Account to any number of available funding options on each monthly anniversary, unless you request a specific day of the month 1-28 here: _____

Please indicate the "source fund" from which the transfers are to be made:

Please choose **ONE** of the following transfer options. Include the destination funding options and the dollar amounts, minimum of \$100, to be transferred to each in the Dollar Cost Averaging column in Section V - Investment Allocation.

☐ Transfer \$ _____ per month as long as the source fund has sufficient cash value.

☐ Transfer \$ _____ per month for _____ months as long as the source fund has sufficient cash value.

If the "source fund" is insufficient, the Dollar Cost Averaging feature will be terminated.

Dollar cost averaging does not assure a profit or protect against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.

☐ Asset Rebalancing

Automatically rebalances the cash value among the selected funding options periodically to return to the allocation percentages you specify. Allocations must be in whole percentages and total 100%.

Please choose **ONE** frequency below and indicate the allocation percentages in the Asset Rebalancing column in Section V - Investment Allocation.

☐ Monthly

☐ Quarterly

☐ Annually



SECTION V - Investment Allocation

Please select funding options that are appropriate for the RISK TOLERANCE and INVESTMENT OBJECTIVE indicated in Section III - Investment Objective and Risk Tolerance. Some funding options may be appropriate for more than one investment objective. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Use this column only if you have chosen an option on previous page.	Funding Options	Initial Premium Allocation %	Dollar Cost Averaging ----- Asset Rebalancing %
Funding Options	Initial Premium Allocation %	Dollar Cost Averaging ----- Asset Rebalancing %			
Fixed Account			Zenith Equity Portfolio		
BlackRock Money Market Portfolio			Artio International Stock Portfolio		
American Funds Bond Fund			Harris Oakmark International Portfolio		
Barclays Capital Aggregate Bond Index Portfolio			MFS® Research International Portfolio		
BlackRock Bond Income Portfolio			Morgan Stanley EAFE® Index Portfolio		
PIMCO Inflation Protected Bond Portfolio			Oppenheimer Global Equity Portfolio		
PIMCO Total Return Portfolio			BlackRock Aggressive Growth Portfolio		
Western Asset Management U.S. Government Portfolio			Lazard Mid Cap Portfolio		
Western Asset Management Strategic Bond Opportunities Portfolio			Met/Artisan Mid Cap Value Portfolio		
Lord Abbett Bond Debenture Portfolio			MetLife Mid Cap Stock Index Portfolio		
American Funds Growth Fund			Morgan Stanley Mid Cap Growth Portfolio		
American Funds Growth-Income Fund			Neuberger Berman Mid Cap Value Portfolio		
BlackRock Diversified Portfolio			T. Rowe Price Mid Cap Growth Portfolio		
BlackRock Large Cap Core Portfolio			American Funds Global Small Capitalization Fund		
BlackRock Large Cap Value Portfolio			Invesco Small Cap Growth Portfolio		
BlackRock Legacy Large Cap Growth Portfolio			Loomis Sayles Small Cap Core Portfolio		
Davis Venture Value Portfolio			Loomis Sayles Small Cap Growth Portfolio		
FI Value Leaders Portfolio			Neuberger Berman Genesis Portfolio		
Fidelity VIP Equity-Income Portfolio			Russell 2000® Index Portfolio		
Janus Forty Portfolio			T. Rowe Price Small Cap Growth Portfolio		
Jennison Growth Portfolio			Clarion Global Real Estate Portfolio		
Legg Mason ClearBridge Aggressive Growth Portfolio			RCM Technology Portfolio		
MetLife Stock Index Portfolio			SSgA Growth and Income ETF Portfolio		
MFS® Total Return Portfolio			SSgA Growth ETF Portfolio		
MFS® Value Portfolio			MetLife Conservative Allocation Portfolio		
Oppenheimer Capital Appreciation Portfolio			MetLife Conservative to Moderate Allocation Portfolio		
T. Rowe Price Large Cap Growth Portfolio			MetLife Moderate Allocation Portfolio		
			MetLife Moderate to Aggressive Allocation Portfolio		
			MetLife Aggressive Strategy Portfolio		

Other - Write in any available funds not listed above.

Funding Options

Initial Premium
Allocation %

Dollar Cost Averaging /
Asset Rebalancing %



SECTION VI - Other Important Owner Questions

1. I elect to have the monthly deduction from the cash values taken as follows:

☐ Proportionately from the funding options based on the cash value in each at the time of the deduction.

☐ From one specific funding option (if available). Specify: _____

If you have chosen a specific funding option, please note that if that funding option has insufficient cash value to pay the monthly charges, these charges will be deducted proportionately from each funding option based on the cash value in each at the time of the deduction.

2. Have you received a prospectus for the policy applied for?

☐ Yes ☐ No

If **YES**, please indicate: Date of Prospectus Date(s) of any Prospectus Supplement(s)

3. Did your Producer review your financial situation, risk tolerance, and investment objectives prior to completing this application?

☐ Yes ☐ No

If **NO**, please indicate on what basis was this product recommended.

4. Do you understand that:

A. The amount and duration of the death benefit may increase or decrease depending on the policy's investment return, subject to any guarantees provided by the policy?

☐ Yes ☐ No

B. There is no guaranteed minimum cash value and the cash value may increase or decrease depending on the policy's investment return?

☐ Yes ☐ No

5. Do you believe that this policy and the funding options you have selected will meet your insurance needs and financial objectives?

☐ Yes ☐ No

6. If funding options selected do not reflect the risk tolerance in Section III - Investment Objective and Risk Tolerance, please explain:



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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	N/A - does not apply to this filing	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	N/A - does not apply to this filing	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	N/A - does not apply to this filing	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Compliance Certification	
Comments:	Attached is the Compliance Certification	
Attachment:	Certification.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachment:	Statement of Variability _NFND-4-12_.pdf	

New England Life Insurance Company
501 Boylston Street, Boston, MA 02116

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen A. Johnson, Vice President

10/19/2011

Date

STATEMENT OF VARIABILITY
Variable Life Supplement - NFND-4-12
10/4/11

Variable material is denoted by brackets in the form.	
Section IV - Optional Automated Investment Strategies	The information given in the Automated Investment Strategies have been bracketed for the ease of eliminating a type of strategy in the future. Any additions to this Section will be followed by an informational filing.
Section V - Investment Allocation	The information given in the Funding Options, except for the Fixed Account, have been bracketed for the ease of revising in the future.